Senate Inquiry – Incidents at Manus OPC on 16-18 February 2014

Request 2 (j)

Files and manuals concerning emergency procedures and protocols in the Manus Island Detention Centre.

Response 2 (j)

Please find attached the following documents:

- International Health and Medical Services (IHMS)- Procedure- Basic Life Support (v 1.01);
- IHMS- Procedure- First Aid Management of Traumatic Injuries (v 1.01);
- IHMS- Procedure- First Aid Management of Medical Emergencies (v 1.01);
- IHMS- Procedure- First Aid Management of Environmental Exposures and Poisoning (v 1.01); and
- IHMS- Policy- Medical Emergency Management (v 1.01).

The department considers that the release of the following documents may adversely impact the security and operations of the Manus OPC and have therefore, not been provided. In addition, the Mass Casualty Plan contains material which is intellectual property of IHMS as well as being commercially sensitive. IHMS does not agree to this document being released publically.

- IHMS- Site Contingency Plan- Mass Casualty Plan- Manus OPC (v 2.1); and
- G4S- Contingency Plan for the Regional Processing Centre Manus Island PNG (v 1.1).

Procedures

International Health and Medical Services

Procedure Number

IHMS Procedure 3.9.1

Basic Life Support

Linked to

RACGP Standard 3.2.3, 5.2.1, 1.1.1

IHMS Policy 3.9 Medical Emergency Management

Version 1.01

Document Owner: Department of Immigration and Citizenship

Document Manager: International Health and Medical Services

Effective: 24th September 2012

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	International Health and Medical Services		Procedure
LINK TO STANDARD:	RACGP Standard 3.2.3, 5.2.1, 1.1.1 IHMS Policy 3.9 Medical Emergency Management	**DOCUMENT OWNER:**	Department of Immigration and Citizenship
EFFECTIVE DATE:	24th September 2012	**DOCUMENT MANAGER:**	International Health and Medical Services

Revision History

Revision	Rev. Date	Description	Prepared by	Reviewed by	Date	Approved IHMS	Date	Approved DIAC	Date
1		**Original Document** – Incorporates components of previous IHMS PPM module 6, section 9	Natalie de Vos	IHMS Medical Team	7/9/11	IHMS Management Team	13/1/12	Approved by DIAC for limited release MIDC, NIDC, PIDC	15/05/12
1.01	10/5/12	Format changes. Feedback from DIAC incorporated	Melinda Woolridge	Natalie de Vos/Clayton Spencer	23/3/12	IHMS MD Primary Health	23/3/12 24/09/12		

Responsibilities

Abbreviations / Definitions

IHMS – International Health and Medical Services.

References

(1) Australian Resuscitation Council (2010) *ARC Guidelines 2, Priorities in an Emergency* retrieved from http://www.resus.org.au/ July 2011
(2) Australian Resuscitation Council (2010) *ARC Guideline 3, Unconsciousness* retrieved from http://www.resus.org.au/ July 2011
(3) Australian Resuscitation Council (2010) *ARC Guideline 4, Airway* retrieved from http://www.resus.org.au/ July 2011
(4) Australian Resuscitation Council (2010) *ARC Guideline 5, Breathing* retrieved from http://www.resus.org.au/ July 2011
(5) Australian Resuscitation Council (2010) *ARC Guideline 6, Compressions* retrieved from http://www.resus.org.au/ July 2011
(6) Australian Resuscitation Council (2010) *ARC Guideline 7, External Automated Defibrillation in Basic Life Support* retrieved from http://www.resus.org.au/ July 2011
(7) Australian Resuscitation Council (2010) *ARC Guideline 8, Cardiopulmonary Resuscitation* retrieved from http://www.resus.org.au/ July 2011
(8) Australian Resuscitation Council (2010) *ARC Guideline 10.1, Basic Life Support Training* retrieved from http://www.resus.org.au/ July 2011
(9) Australian Resuscitation Council (2010) *Foreword to Guidelines, Glossary of Terms* retrieved from http://www.resus.org.au/ July 2011
(10) Australian Resuscitation Council (2008) *Standards for Resuscitation: Clinical Practice and Education* retrieved from http://www.resus.org.au/ August 2011

Table of contents

1 INTRODUCTION:

1.1 Purpose

1.1.1 The purpose of this document is to outline the principles of basic life support and care of the unconscious patient and to ensure these principles are known and adhered to by all IHMS related staff who work in Immigration Detention Facilities.

1.2 Objectives

1.2.1 To identify the IHMS practice standards in relation to basic life support and care of the unconscious patient.

1.2.2 To identify the roles and responsibilities of IHMS, DIAC and other associated parties contracted to IHMS in relation to the delivery of basic life support.

1.2.3 To describe the procedures associated with implementation of the IHMS practice standards in the context of IHMS Immigration Detention Facilities.

1.3 Scope

1.3.1 These practice standards and procedures are to be implemented in all Immigration Detention Facilities.

1.4 Key Concept

1.4.1 Care of the unconscious patient often requires the provision of basic life support, which involves a number of resuscitative steps, aimed at the preservation or restoration of life. (8)

1.4.2 Client survival rates are increased by early intervention of cardiopulmonary resuscitation. (8)

1.4.3 The steps associated with basic life support are abbreviated to **DRS ABCD**, which incorporates the following concepts:

- Check for **D**anger (8)
- Check for **R**esponse (8)
- **S**end for Help (8)
- Open the **A**irway (8)
- Check **B**reathing (8)
- Administer Chest **C**ompressions (8)
- Attach an Automated External **D**efibrillator (8)
-

2 PRACTICE STANDARD:

3.9.1.1 Safety of the rescuer and victim must be assured before any lifesaving activities occur.

3.9.1.2 The unconscious patient should be managed in a manner that assures airway patency.

3.9.1.3 Priority in any emergency situation must be with the airway management regardless of victim's injury.

3.9.1.4 CPR should be commenced in the absence of normal breathing.

3.9.1.5 A functioning AED must be available in all IHMS facilities.

3.9.1.6 All staff who work in IHMS medical facilities must complete training and be deemed as competent in provision of basic life support prior to commencing duties at the facility.

3 PROCEDURE AND PROCESSES:

3.1 Initial Emergency Management

3.1.1 Emergency management of a collapsed or injured client begins with an initial assessment of the situation and environment to ensure safety of the rescuer, patient and bystanders. (1)

3.1.2 Environmental assessment must occur before any treatment or intervention activities occur. (1)

3.1.3 Once the assessment has been made, the rescuer must send for help and ensure an ambulance is called. (1)

3.1.4 If there is more than one (1) client, care of the unconscious patient must take priority. (1)

3.1.5 A collapsed or injured client should not be moved unless:

- It is required to ensure safety to the rescuer or the client
- The terrain or weather conditions are such that movement of the client is essential
- It is required to maintain the client's airway (1)
- It is required to perform cardiopulmonary resuscitation (CPR) (1)
- It is required to control severe bleeding. (1)

3.1.6 Concern for the protection of a client's neck and spine should not hinder the evaluation process and lifesaving procedures. (1)

3.1.7 If a client needs to be moved all efforts should be made to maintain spinal alignment. This may require the assistance of other people. (1)

3.1.8 In single-rescuer situations where movement of the client is required, dragging by the ankle or by the arm is acceptable. (1)

3.2 Management of the Unconscious Patient

3.2.1 The client's conscious state should be assessed by assessing verbal and tactile stimuli. (2)

3.2.2 If the client fails to respond or groans they must be treated as if unconscious. (2)

3.2.3 Airway management is the priority when caring for an unconscious client. (2)

3.2.4 If the client is breathing they should be placed in recovery or lateral position. (2)

3.2.5 When the client is placed in lateral position they should be placed in as close to true lateral position as possible.

3.2.6 When in lateral position the head should be placed in a manner that promotes free drainage. (2)

3.2.7 Lateral positioning must be undertaken in a manner that ensures pressure on the chest is avoided. (2)

3.2.8 Ongoing observation and assessment of the client's airway must be undertaken whilst the patient is unconscious. (2)

3.3 Airway Management

3.3.1 Assessing and Clearing the Airway

3.3.1.1 If the client is found in supine position and breathing is unhindered, they should not be moved to the lateral position to access the airway, unless the airway is obstructed with fluid (vomit or blood) or the client has had a submersion injury. (3)

3.3.1.2 To assess the airway, the mouth should be opened and turned slightly downward. (3)

3.3.1.3 If dentures are present they should only be removed if they are loose. (3)

3.3.1.4 A finger swipe can be used to remove visible objects or fluid (3), however it is preferable to use suction or Magill forceps.

3.3.1.5 If the client is a choking adult or child and is conscious, chest thrust and back blows should be applied to attempt to relieve the obstruction. (3)

3.3.1.6 If the client is a choking infant back thrusts should be applied, with the infant faced head down across the rescuers knees. (3)

3.3.1.7 If the choking client is coughing effectively no action needs to be taken but the client may require reassurance. (3)

3.3.2 Opening the Airway

3.3.2.1 In adults and children the airway should be opened by using the head tilt chin lift manoeuvre. (3)

3.3.2.2 In infants the head tilt chin lift manoeuvre should not be used to open the airway. The infant's head should be left in neutral position. (3)

3.3.2.3 A Guedel airway may need to be inserted to help maintain the airway.

3.4 Breathing

3.4.1 The unconscious client must be assessed for breathing through the look, listen and feel process. (4)

3.4.2 The rescuer should look for movement of the upper abdomen and lower chest. (4)

3.4.3 The rescuer should listen for breath sounds. (4)

3.4.4 The rescuer should feel for movement of the chest and upper abdomen. (4)

3.4.5 Two (2) rescue breaths must be delivered **after** thirty (30) chest compressions, if the client is not spontaneously breathing. (4)

3.4.6 Rescue breaths should be given via mouth to mouth or mouth to nose, (4), however the preferred method in IHMS medical clinics is either mouth to mask or by using a bag and mask breathing circuit.

3.4.7 When delivering rescue breaths to children and infants:

- The amount of air delivered must be limited.
- Direct observation of chest expansion must be undertaken when breaths are delivered.
- Only enough air should be delivered to expand the chest cavity.

3.4.8 If the airway becomes compromised during resuscitation the patient should be moved to lateral position to clear the airway and then moved back into supine position for continued resuscitation. (4)

3.4.9 If spontaneous breathing recovers, the client should be left in lateral position and observed frequently. (4)

3.5 Chest Compressions

3.5.1 Chest compressions must be commenced in the absence of normal breathing. (6)

3.5.2 Chest compressions should be delivered with the client in supine position on a hard surface. (6)

3.5.3 Hand placement for chest compressions should be on the lower half of the sternum. (6)

3.5.4 Two (2) hand technique should be used for adults. (6)

3.5.5 One hand (1) or two (2) hand technique should be used for a child, depending on the child's age and size. (6)

3.5.6 The two (2) finger technique must be used for infants. (6)

3.5.7 Compressions:relaxation ratio should be rhythmic and of equal proportions. (6)

3.5.8 Complete recoil of the chest should occur after each compression. (6)

3.5.9 Compression depth should be approximately one third (1/3) the depth of the chest. (6)

3.5.10 Interruptions between compressions should be minimised. (6)

3.5.11 Compression rate should be delivered at one hundred (100) beats per minute. (6)

3.5.12 When chest compressions are combined with rescue breathes (CPR), a ratio of thirty (30) compressions to two (2) breaths (30:2) should be delivered, regardless of the age of the client or the number of rescuers. (8)

3.5.13 Five cycles of compressions and breaths should be delivered in two (2) minutes. (8)

3.5.14 In the absence of a bag and mask breathing circuit or a mouth to mask breath delivery device, continuous compressions may be delivered at a rate of 100 beats per minute without the inclusion of rescue breaths. (8)

3.5.15 Rescue breaths should be incorporated when appropriate equipment is available.

3.6 Cardiopulmonary Resuscitation (CPR)

3.6.1 CPR must be commenced if the client is unresponsive and is not breathing. (8)

3.6.2 CPR must continue until:

- The client responds or commences breathing normally (8)
- It is impossible to continue due to rescuer exhaustion (8)
- The advanced cardiac life support team (ambulance) arrive and take over care of the client (8)
- The advanced cardiac life support team give instruction to cease. (8)

3.7 Automated External Defibrillation (AED)

3.7.1 Whilst it is preferable that a staff member has had training in the use of an AED, not having received training should not prevent the use of an AED. (7)

3.7.2 An AED must only be used on a client who is unresponsive and who is not breathing. (7)

3.7.3 AED pads should be placed either in the anterior lateral position, anterior posterior position or the apex posterior position. (7)

3.7.4 Adult pads can be used for children over eight (8) years of age. (7)

3.7.5 Paediatric pads should be used for children one (1) to eight (8) years of age. (7)

3.7.6 CPR must continue until the AED pads have been placed on the patient and the AED is turned on and ready to be used. (7)

3.7.7 When the AED is in use, defibrillation safety must be implemented. (7)

3.8 Emergency Resuscitation Equipment

3.8.1 Equipment required for resuscitation in IHMS medical facilities shall be defined by the clinical review committee.

3.8.2 All IHMS medical facilities must have a resuscitation equipment checklist located in the clinic. (10)

3.8.3 Staff who work in IHMS medical facilities must be familiar with the location of the resuscitation equipment. (10)

3.8.4 Portable oxygen and suction devices must be available in all IHMS medical facilities. (10)

3.8.5 Automated external defibrillators (AED) and adequate defibrillation pads must be available in all IHMS medical facilities. (10)

3.8.6 Paediatric attenuation devices should be available in all IHMS medical facilities that care for paediatric patients. (10)

3.8.7 All resuscitation equipment, including AEDs, oxygen and suction must be checked for availability and functionality daily. (10)

3.9 Education and Training

3.9.1 Education and training programs that teach the concepts of basic life support must include the following learning objectives:

- Recognition of an emergency (8)
- Process to notify and call for help (8)
- Competence in chest compressions (8)
- Competence in rescue breathing. (8)

3.9.2 At the completion of the basic life support course, the learner must be able to demonstrate compressions and rescue breathing on a manikin. (8)

3.9.3 Completion of the IHMS e-learning module in basic life support, without return demonstration assessment, is not adequate to assure competence in the provision of basic life support .(8)

3.9.4 Basic life support training should be refreshed and updated on an annual basis. (8)

4 RESPONSIBILITY:

4.1 Medical Director

4.1.1 Ensure practice standards, procedures and clinical practice guidelines are current and up to date.

4.1.2 Ensure all practice standards, procedures and clinical practice guidelines are subject to internal governance process before implementation.

4.2 Regional Operations Manager

4.2.1 Ensure practice standards, procedures and clinical practice guidelines are distributed to all locations within their region.

4.3 Director of Nursing

4.3.1 Ensure associated clinical practice guidelines are read, understood and implemented in the clinical area.

4.3.2 Ensure ongoing compliance with these practice standards, procedures and any associated clinical practice guidelines.

4.4 Staff

4.4.1 All IHMS related staff working in Immigration Detention Facilities must read and understand these practice standards and procedures, as well as any associated clinical practice guidelines.

4.4.2 All staff working in IHMS medical facilities must observe these practice standards and procedures, as well as any associated clinical practice guidelines.

5 DEFINITIONS/ABBREVIATIONS:

5.1 Automated External Defibrillator (AED)

5.1.1 A defibrillator, for use outside of the body, which analyses the electrical rhythm of the heart an charges automatically if the diagnosed rhythm can be treated by the delivery of a shock. Audible and visual prompts are provided to the operator, for safe delivery of an electrical shock. (9)

5.2 Anaphylaxis

5.2.1 Is an acute, severe life threatening allergic reaction that can result in cardiopulmonary collapse (9).

5.3 Back Blow

5.3.1 A forceful blow between the shoulder blades with the heel of the hand. Implemented to assist in clearing the airway from a foreign body. (9)

5.4 Basic Life Support

5.4.1 Is the preservation of life by initial assessment and/or maintenance of airway, breathing, circulation and related emergency care and use of an AED. (9)

5.5 Cardiac Arrest

5.5.1 Cessation of heart action recognised by the absence of response to stimuli, absence of breathing and absence of moving. (9)

5.6 Cardiopulmonary Resuscitation (CPR)

5.6.1 Comprises those techniques used to minimise the effects of circulatory arrest and to assist the return of spontaneous circulation, including the technique of rescue breathing combined with external chest compressions. (9)

5.7 Chest Thrust

5.7.1 A sharp, forceful chest compression delivered in an effort to remove a foreign body from the airway. The chest thrust is delivered at the same point as for external chest compressions during CPR. (9)

5.8 Child

5.8.1 A child for the purposes of basic life support is defined as being a child aged between one (1) and eight (8) years of age. (1)

5.9 Infant

5.9.1 An infant for the purpose of basic life support is defined as being an infant younger the one (1) year of age. (1)

6 ENFORCEMENT AND REPORTING BREACHES:

Breaches of these procedures will have serious legal and reputation repercussions and could cause material damage to International Health and Medical Services. Consequently, breaches will lead to disciplinary action that could include summary dismissal and to legal sanctions, including criminal penalties.

All employees are expected to promptly and fully report any breaches of the procedures. A report must be made to the Regional Health Service Manager. Reports made in good faith by someone who has not breached this policy will not reflect badly on that person or their career at IHMS. Reports may be made using the following email address: Compliance@IHMS.com.au

Procedures

International Health and Medical Services

Procedure Number

IHMS Procedure 3.9.2

First Aid Management of Traumatic Injuries

Linked to

IHMS Policy 3.9, Medical Emergency Management

Version 1.01

Document Owner: Department of Immigration and Citizenship

Document Manager: International Health and Medical Services

Effective: 24th September 2012

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	International Health and Medical Services	Procedure

LINK TO STANDARD:	RACGP Standard 3.2.1 IHMS Policy 3.9 Medical Emergency Management	**DOCUMENT OWNER:**	Department of Immigration and Citizenship
EFFECTIVE DATE:	24th September 2012	**DOCUMENT MANAGER:**	International Health and Medical Services

Revision History

Revision	Rev. Date	Description	Prepared by	Reviewed by	Date	Approved IHMS	Date	Approved DIAC	Date
1		New Document	Natalie de Vos	IHMS Medical Team	7/9/11	IHMS Clinical Team	13/1/12		
1.01	8/3/12 25/09/12	Addition of PPE requirements. Addition of monitoring and management criteria. Addition of definition of burns and shock. Format changes	Melinda Woolridge	MD Primary Healthcare, IHMS Quality Manager	8/3/12	MD Primary Healthcare	8/3/12	Approved by DIAC for limited release MIDC, NIDC, PIDC	15/05/12

Responsibilities

Medical Director
Regional Operations Manager
Director of Nursing
Staff Working in IHMS medical facilities

Abbreviations/Definitions

IHMS - International Health and Medical Services
DIAC - The Department of Immigration and Citizenship

References

(1) Australian Resuscitation Council (2008) *ARC Guidelines 9.1.1 Principles for the Control of Bleeding for First Aiders,* retrieved from http://www.resus.org.au/ July 2011
(2) Australian Resuscitation Council (2008) *ARC Guideline 9.1.3 Burns,* retrieved from http://www.resus.org.au/ July 2011
(3) Australian Resuscitation Council (1996) *ARC Guideline 9.1.4 Head Injury* retrieved from http://www.resus.org.au/ July 2011
(4) Australian Resuscitation Council (2008) *ARC Guideline 9.1.6 Management of Suspected Spinal Injury* retrieved from http://www.resus.org.au/ July 2011
(5) Australian Resuscitation Council (2001) *ARC Guideline 9.1.7 Emergency Management of a Crushed Victim Compressions* retrieved from http://www.resus.org.au/ July 2011

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1 INTRODUCTION:

1.1 Purpose

1.1.1 The purpose of this document is to outline the basic principles for the delivery of first aid management for traumatic injuries and to ensure these principles are known and adhered to by all staff who work in IHMS medical facilities.

1.2 Objectives

1.2.1 To identify the IHMS practice standards in relation to first aid management in Immigration Detention Facilities.

1.2.2 To identify the roles and responsibilities of IHMS, DIAC and other associated parties contracted directly to IHMS in relation to the delivery of first aid to people in detention in Immigration Detention Facilities.

1.2.3 To describe the procedures associated with implementation of the IHMS practice standards in the context of IHMS medical facilities.

1.3 Scope

1.3.1 These practice standards and procedures are to be implemented in all Immigration Detention Facilities where IHMS provides health and medical services.

1.3.2 Clinical practice guidelines must be developed at each individual IHMS medical facility to define the process of implementation at that site.

1.3.3 All clinical practice guidelines must be approved and ratified by the Clinical Practice Review Group before they can be implemented.

1.4 Key Concept

1.4.1 First aid management associated with traumatic injuries involves the delivery of care to clients who present with injuries resulting from trauma, such as bleeding, burns, head, spinal and crush injuries.

1.4.2 Presentation of traumatic injury can include multiple injuries and should be managed accordingly.

1.4.3 IHMS related staff working in Immigration Detention Facilities should be familiar with the presenting signs and symptoms of a client who may have suffered a traumatic injury.

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2 PRACTICE STANDARD:

3.9.2.1 All IHMS staff must be familiar with the process for first aid management of a client presenting with the signs and symptoms of internal or external bleeding.

3.9.2.2. All IHMS staff must be familiar with the process for first aid management of a client presenting with a burn.

3.9.2.3 All IHMS staff must be familiar with the process for first aid management of a client presenting with the signs and symptoms of, or a suspected, head injury.

3.9.2.4 All IHMS staff must be familiar with the process for first aid management of a client presenting with the signs and symptoms of, or a suspected, spinal injury.

3.9.2.5 All IHMS staff must be familiar with the process for first aid management of a client who has been involved in a crush injury.

3 PROCEDURE AND PROCESSES:

3.1 Management of Bleeding

3.1.1 In the event that a client presents with uncontrolled bleeding from a wound or with signs and symptoms of internal bleeding, emergency services must be called immediately.

3.1.2 Employees must implement standard precautions, as described in IHMS procedure 4.1, and utilise appropriate PPE when attempting to control bleeding.

3.1.3 Attempts to control the bleeding through the implementation of first aid management must occur as soon as possible.

3.1.4 **External Bleeding**

3.1.4.1 If a client presents with a wound or external bleeding either direct or indirect pressure must be applied as soon as possible. (1)

3.1.4.2 Direct pressure should be applied directly on top of the bleeding point of the wound.

3.1.4.3 If the wound has an embedded object, it must not be removed and indirect pressure should be applied. (1)

3.1.4.4 Indirect pressure should be applied by placing padding above and below the wound. (1)

3.1.4.5 Pressure should be applied and maintained by using hands or a pad. (1)

3.1.4.6 Enough pressure should be used to stop the bleeding. (1)

3.1.4.7 If bleeding persists, additional pads should be used. (1)

3.1.4.8 Where possible the bleeding area should be elevated and immobilised. (1)

3.1.4.9 Movement of the victim should be restricted. (1)

3.1.5 Tourniquet Use

3.1.5.1 A tourniquet should only be applied above the wound as a last resort. (1)

3.1.5.2 A tourniquet must never be placed over a joint. (1)

3.1.5.3 Time the tourniquet was applied must be noted. (1)

3.1.5.4 If a tourniquet is applied, it must not be covered by clothing or a dressing. (1)

3.1.5.5 The tourniquet must not be removed. (1)

3.1.6 Internal Bleeding

3.1.6.1 If the victim displays any signs and symptoms of internal bleeding, they must be transferred to a hospital as soon as possible. (1) The client's level of consciousness and vital signs must be monitored and any detrition or change must be reported to emergency services.

3.2 Management of Burns

3.2.1 Assessment

3.2.1.1 In the event that a client presents with a burn, the severity of the burn must be assessed.

3.2.1.2 If the client has sustained major burns, emergency services must be contacted as soon as possible.

3.2.1.3 The client's airway and ability to breath must be assessed prior to the delivery of any other care. (2)

3.2.1.4 The client must be assessed for any other injuries. (2)

3.2.2 General Management

3.2.2.1 Oxygen should be administered to all victims who have smoke inhalation or facial injuries. (2)

3.2.2.2 The burnt area should be cooled immediately with flowing water. (2)

3.2.2.3 Ice or ice water must not be used. (2)

3.2.2.4 If water is not available hydrogel products can be used. (2)

3.2.2.5 If clothing or burning substances have adhered to the skin, they must not be removed. (2)

3.2.2.6 Jewellery or items that may cause constriction must be removed from the affected area. (2)

3.2.2.7 The affected area should be elevated if possible. (2)

3.2.2.8 The burnt area should be covered with a loose, light, non-adhesive dressing. (2)

3.2.2.9 Ointments, lotions, creams and powders must not be applied to the burn. (2)

3.2.3 Management of Heat and Thermal Burns

3.2.3.1 If the burn is a result of exposure to flames, the area should be placed under running water for at least twenty (20) minutes. (2)

3.2.3.2 If the burn is a result of exposure to hot water (scald), the area should be placed under running water for at least twenty (20) minutes. (2)

3.2.3.3 If there is no running water available, all wet nonadherent clothing should be removed immediately. (2)

3.2.4 Management of Inhalation Burns

3.2.4.1 Inhalation burns must be suspected if the victim has been trapped for a period of time in a confined space where hot or toxic gas or fumes are produced. (2)

3.2.4.2 If the client presents with any of the following, inhalation burns must be suspected:

- Burns to the face, nasal hairs, eyebrows or eyelashes (2)
- Evidence of carbon deposits in the nose or mouth (2)
- Coughing of black particles in sputum (2)
- Hoarse voice (2)
- Breathing difficulties. (2)

3.2.4.3 Oxygen should be delivered immediately. (2)

3.2.4.4 An ambulance must be called for any client who is suspected of having an inhalation injury. (2)

3.2.5 Management of Electrical Burns

3.2.5.1 Electrical burns are often associated with traumatic injury, loss of consciousness and cardiopulmonary arrest. (2)

3.2.5.2 The associated power source must be isolated before the client is touched. (2)

3.2.5.3 Assess the client's airway, breathing and circulation and commence cardiopulmonary resuscitation if required. (2)

3.2.5.4 If safe to do so, burns should be cooled using water. (2)

3.2.5.5 Oxygen should be administered as soon as possible. (2)

3.2.5.6 An ambulance must be called. (2)

3.2.6 Management of Radiation Burns

3.2.6.1 Placed burnt area under running water for at least twenty (20) minutes. (2)

3.2.7 Management of a Chemical Burn

3.2.7.1 If a client or staff member has received a burn with a known chemical, the material safety data sheet should be referred to for specific treatment. (2)

3.2.7.2 The poisons information centre should be contacted for further advice. (2)

3.2.7.3 All contaminated clothing should be removed as soon as practical. (2)

3.2.7.4 Powder chemicals should be brushed from the skin. (2)

3.2.7.5 The area should be held under running water for at least twenty (20) minutes. (2)

3.2.7.6 If the chemical has entered the eye, the eye should be opened and flushed with water for twenty (20) minutes. (2)

3.2.7.7 If a chemical splash has occurred to the eye, urgent medical attention must be sought. (2)

3.2.7.8 There must not be any attempt to neutralise the chemical as this can increase the heat of the product and cause more damage. (2)

3.3 Management of Head Injury

3.3.1 Any client who has sustained a head injury must be referred to the hospital immediately if they: (3)

- Have lost consciousness
- Have a declining level of consciousness.

3.3.2 If the client has sustained a head injury and is unconscious they must be managed as per IHMS procedure 3.9.1 *Basic Life Support.* (3)

3.3.3 A client who has sustained a head injury and who has not lost consciousness must be referred to hospital immediately if they display any of the following:

- Becomes unconscious, drowsy or vague (3)
- Has memory impairment (3)
- Appears agitated or irritable (3)
- Has slurred speech (3)
- Shows incoordination or loss of power in limbs (3)

- Complains of headache or giddiness (3)
- Vomits or complains of nausea (3)
- Has a seizure (3)
- Has bleeding or fluid discharge from ears, nose or mouth (3)
- Develops changes in size or shape of the pupils. (3)

3.3.5 The client's level of consciousness and vital signs must be monitored and any detrition or change must be reported to emergency services. (3)

3.3.6 If there is visible bleeding associated with the head injury on the skull or under the skin, direct pressure should be applied. (3)

3.4 Management of Suspected Spinal Injury

3.4.1 Possibility of a spinal injury must be considered for any client that has had an injury involving any of the following:

- An accident resulting in the client being unconscious
- A fall from greater than standing height (ladder or roof)
- A sporting accident. (4)

3.4.2 Any client who has sustained a suspected or actual spinal cord injury must be referred to the hospital immediately.

3.4.3 Any client who has sustained a suspected or actual spinal cord injury must be assessed for concomitant injuries such as head injury or bleeding.

3.4.4 If the client has sustained a suspected spinal injury and is unconscious they must be managed as per IHMS procedure 3.9.1 *Basic Life Support.* (4)

3.4.5 The principles of airway breathing and circulation must take priority in the care and management of a suspected spinal injury. (4)

3.4.6 Airway management techniques which are least likely to cause movement of the cervical spine such as a chin lift should be implemented first. (4)

3.4.7 The client should only be moved by personnel who are experienced in the movement of a victim with a spinal injury. (4)

3.4.8 If movement of the client is required for safety reasons, extreme care must be taken to minimise movement of the spine in any direction. (4)

3.4.9 Whilst it is ideal that a cervical collar is applied, this should only be undertaken by trained personnel. (4)

3.4.10 The client's level of consciousness and vital signs must be monitored and any detrition or change must be reported to emergency services.

3.5 Emergency Management of a Crush Victim

3.5.1 In the event that a client has been crushed, the crushing forces should be removed as soon as possible after the crush injury. (5)

3.5.2 Emergency services must be contacted immediately.

3.5.3 Shock is a life-threatening condition and urgent medical attention to treat the underlying cause will be required. Emergency services must be called if a client presents with any of the signs and symptoms of shock.

4 RESPONSIBILITY:

4.1 Medical Director

4.1.1 Ensure practice standards, procedures and clinical practice guidelines are current and up to date.

4.1.2 Ensure all practice standards, procedures and clinical practice guidelines are subject to internal governance process before implementation.

4.2 Regional Operations Manager

4.2.1 Ensure practice standards, procedures and clinical practice guidelines are distributed to all locations within their region.

4.3 Director of Nursing

4.3.1 Ensure associated clinical practice guidelines are read, understood and implemented in the clinical area.

4.3.2 Ensure ongoing compliance with these practice standards, procedures and any associated clinical practice guidelines.

4.4 Staff

4.4.1 All IHMS related staff working in Immigration Detention Facilities must read and understand these practice standards and procedures, as well as any associated clinical practice guidelines.

4.4.2 All IHMS related staff working in Immigration Detention Facilities must observe these practice standards and procedures, as well as any associated clinical practice guidelines.

5 DEFINITIONS/ABBREVIATIONS:

5.1 Major Burns

5.1.1 A significant burn includes burns greater than 10% of total body surface area (TBSA), burns of special areas (such as face, hands, feet, perineum), full thickness burns greater than 5% of TBSA, electrical and chemical burns, burns with inhalation injury, circumferential burns of the limbs or chest, burns in the very young or very old and burns with associated trauma.

5.2 Shock

5.2.1 The loss of effective circulation resulting in impaired tissue oxygenation and nutrient delivery causing life-threatening organ failure. (3).

5.2.2 The signs and symptoms of shock may include dizziness, collapse, cool pale sweaty skin, nausea and vomiting, rapid respiratory rate, altered level of consciousness, rapid heart rate (which may become weak or slow). (3)

6 ENFORCEMENT AND REPORTING BREACHES

Breaches of these procedures will have serious legal and reputation repercussions and could cause material damage to International Health and Medical Services. Consequently, breaches will lead to disciplinary action that could include summary dismissal and to legal sanctions, including criminal penalties.

All employees are expected to promptly and fully report any breaches of the procedures. A report must be made to the Regional Health Service Manager. Reports made in good faith by someone who has not breached this policy will not reflect badly on that person or their career at IHMS. Reports may be made using the following email address: Compliance@IHMS.com.au

Procedures

International Health and Medical Services

Procedure Number 3.9.4

IHMS Procedure

First Aid Management of Medical Emergencies

Linked to

RACGP Standard 3.2.1

IHMS Policy 3.9, Medical Emergency Management

Version 1.01

Document Owner: Department of Immigration and Citizenship

Document Manager: International Health and Medical Services

Effective: 24th September 2012

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	International Health and Medical Services		Procedure

LINK TO STANDARD:	RACGP Standard 3.2.1	**DOCUMENT OWNER:**	Department of Immigration and Citizenship
EFFECTIVE DATE:	24th September 2012	**DOCUMENT MANAGER:**	International Health and Medical Services

Revision History

Revision	Rev. Date	Description	Prepared by	Reviewed by	Date	Approved IHMS	Date	Approved DIAC	Date
		New Document	Natalie de Vos	IHMS Clinical Team	7/9/11	IHMS Management Team	13/1/12		
1.01	25/09/12	Addition of signs and symptoms of anaphylaxis, asthma, heart attack, stroke and shock Formatting changes.	Melinda Woolridge			IHMS MD Primary Health	7/3/12	Approved by DIAC for limited release MIDC, NIDC, PIDC	15/05/12

Responsibilities

Medical Director
Regional Operations Manager
Director of Nursing
Staff Working in IHMS medical facilities

Abbreviations / Definitions

IHMS - International Health and Medical Services
DIAC - The Department of Immigration and Citizenship

References

(1) Australian Resuscitation Council (2007) *ARC Guidelines 9.2.1 Chest Pain* retrieved from http://www.resus.org.au/ July 2011
(2) Australian Resuscitation Council (2007) *ARC Guideline 9.2.2 Stroke* retrieved from http://www.resus.org.au/ July 2011
(3) Australian Resuscitation Council (2009) *ARC Guideline 9.2.3 Shock* retrieved from http://www.resus.org.au/ July 2011
(4) Australian Resuscitation Council (2008) *ARC Guideline 9.2.4 First Aid Management of a Seizure* retrieved from http://www.resus.org.au/ July 2011
(5) Australian Resuscitation Council (2011) *ARC Guideline 9.2.5 First Aid for Asthma* retrieved from http://www.resus.org.au/ July 2011
(6) Australian Resuscitation Council (2009) *ARC Guideline 9.2.7 Anaphylaxis* retrieved from http://www.resus.org.au/ July 2011
(7) Department of Health and Ageing and The National Health and Research Council (2008) *The Australian Immunisation Handbook, 9th edition* retrieved from http://www.racgp.org.au/Content/NavigationMenu/ClinicalResources/RACGPGuidelines/Immunisation/Immunisation_handbook_9.pdf July 2011
(8) Western Australian Health Department (2010) *Guidelines for Acute Oxygen Therapy for Western Australian Hospitals* retrieved from http://www.health.wa.gov.au/circularsnew/attachments/567.pdf July 2011

Table of contents

1 INTRODUCTION:

1.1 Purpose

1.1.1 The purpose of this document is to outline the basic principles for the delivery of first aid management for medical emergencies and to ensure these principles are known and adhered to by all IHMS related staff who work in Immigration Detention Facilities.

1.2 Objectives

1.2.1 To identify the IHMS practice standards in relation to first aid management in Immigration Detention Facilities.

1.2.2 To identify the roles and responsibilities of IHMS, DIAC and other associated parties contracted directly to IHMS in relation to the delivery of first aid to people in detention in Immigration Detention Facilities.

1.2.3 To describe the procedures associated with implementation of the IHMS practice standards in the context of IHMS medical facilities.

1.3 Scope

1.3.1 These practice standards and procedures are to be implemented in all Immigration Detention Facilities where IHMS provides health and medical services.

1.3.2 Clinical practice guidelines must be developed at each individual Immigration Detention Facility to define the process of implementation at that site.

1.3.3 All clinical practice guidelines must be approved and ratified by the Clinical Practice Review Group before they can be implemented.

1.4 Key Concept

1.4.1 First aid management in a medical emergency involves the delivery of care to clients who present with the early signs and symptoms of anaphylaxis, asthma, cardiac arrest, stroke, shock or a seizure.

1.4.2 The signs and symptoms of a medical emergency can be similar or vastly different, depending on the underlying cause. Identification of the type of emergency is dependent on the presenting signs and symptoms.

1.4.3 IHMS related staff working in Immigration Detention Facilities should be familiar with the presenting signs and symptoms of a client who may be suffering from anaphylaxis, asthma, cardiac arrest, stroke, shock or a seizure.

2 PRACTICE STANDARD:

3.9.4.1 All IHMS staff must be familiar with the process for first aid management of a client presenting with the signs and symptoms of anaphylaxis.

3.9.4.2. All IHMS staff must be familiar with the process for first aid management of a client presenting with the signs and symptoms of asthma.

3.9.4.3 All IHMS staff must be familiar with the process for first aid management of a client presenting with the signs and symptoms of cardiac arrest.

3.9.4.4 All IHMS staff must be familiar with the process for first aid management of a client presenting with the signs and symptoms of stroke.

3.9.4.5 All IHMS staff must be familiar with the process for first aid management of a client presenting with the signs and symptoms of shock.

3.9.4.6 All IHMS staff must be familiar with the process for first aid management of a client presenting with the signs and symptoms of a seizure.

3 PROCEDURE AND PROCESSES:

3.1 Management of Anaphylaxis

3.1.1 Anaphylaxis is a severe allergic reaction that is life threatening. Any client who presents with signs and symptoms of anaphylaxis must be treated immediately. (6)

3.1.2 All cases of anaphylaxis must be transferred and admitted to a hospital. (6, 7)

3.1.3 Ongoing observation and monitoring of the client must occur until emergency services arrive.

3.1.4 If the client becomes unconscious they should be placed in the recovery position. (7)

3.1.5 The client's airway must be continually assessed and monitored for patency. (7)

3.1.6 If the client is conscious, they should be placed in a supine position with the head down and the legs elevated. (7)

3.1.7 Oxygen should be delivered by a face mask (preferably a non re-breathable mask) at high flow (ten (10) – fifteen (15) litres per minute). (6, 7)

3.1.8 If respiratory or cardiovascular symptoms are present, first line management should be through the administration of adrenaline via intramuscular injection. (6, 7)

3.1.9 All IHMS sites must have written protocols for the use and administration of adrenaline in response to anaphylaxis.

3.1.10 If breathing has ceased and resuscitation is required, CPR must be commenced immediately as per IHMS procedure 3.9.1 *Basic Life Support.* (6, 7)

3.2 Management of Asthma

3.2.1 Asthma can be a potentially life-threatening situation and requires immediate management. If the client presents with signs and symptoms of asthma, first aid management should be undertaken in accordance with the severity.

3.2.2 If the client has a personal asthma plan then this should be followed. (5)

3.2.3 In the absence of a personal asthma plan, the following plan should be followed:

- Sit the client upright. (5)
- Give four (4) separate puffs of a reliever. (Best given one (1) puff at a time via a spacer.) (5)
- Ask the client to take four (4) breaths from the spacer, after each puff of medication. (5)
- Wait four (4) minutes. If there is no improvement, give another four (4) puffs. (5)

3.2.4 If there is no improvement in the client's condition after the above procedure, an ambulance must be called. Continue to give four (4) puffs of the reliever every four (4) minutes until the ambulance arrives. (5)

3.2.5 Oxygen should be delivered at eight (8) litres per minute via a face mask between puffs. (5)

3.2.6 If breathing has ceased and resuscitation is required, CPR must be commenced immediately as per IHMS procedure 3.9.1 *Basic Life Support.* (5)

3.3 Management of Chest Pain

3.3.1 Chest pain that lasts for at least ten (10) minutes is considered to be an early warning sign of a heart attack and must be managed accordingly. (1)

3.3.2 When a client presents with signs and symptoms of a cardiac arrest, emergency services must be contacted immediately. (1)

3.3.3 The client should be encouraged to stop what they are doing and be placed in the supine position. (1)

3.3.4 If the client has a prescription for medication to treat angina or chest pain this should be administered as soon as possible. (1)

3.3.5 Oxygen should be administered at two (2) to four (4) litres per minute via a nasal cannula. (8)

3.3.6 If breathing has ceased and resuscitation is required, CPR must be commenced immediately as per IHMS procedure 3.9.1 *Basic Life Support.* (1)

3.4 Management of Stroke

3.4.1 Recognition, early assessment and treatment of a transient ischemic attack (TIA) will prevent extension to a stroke. If a client describes or displays any of the associated signs and symptoms, it should be considered to be an early warning sign of a stroke and, regardless of whether the warning signs persist or resolve, an ambulance must be called. (2).

3.4.2 The client must not be given any food or water. (2)

3.4.3 The client must be monitored until the ambulance arrives. (2)

3.4.4 Oxygen should be administered at two (2) to four (4) litres per minute via nasal cannula. (8)

3.4.5 If breathing has ceased and resuscitation is required, CPR must be commenced immediately as per IHMS procedure 3.9.1 *Basic Life Support.* (2)

3.5 Management of Shock

3.5.1 Shock is a life-threatening condition and urgent medical attention to treat the underlying cause will be required. Emergency services must be called if a client presents with any of the signs and symptoms of shock. (3)

3.5.2 If there is visible bleeding then this should be controlled as per IHMS procedure 3.9.2 *First Aid Management of Traumatic Injuries.* (3)

3.5.3 Oxygen therapy should be commenced via a face mask (preferably a non re-breathable mask) at fifteen (15) litres per minute. (8)

3.5.4 All efforts should be made to ensure normothermia is maintained. (3)

3.5.5 If the client becomes unconscious and has no signs of life, CPR must be commenced as per IHMS procedure 3.9.1 *Basic Life Support.* (3)

3.6 Management of Seizure

3.6.1 If the client is having a seizure they should be removed from danger. (4)

3.6.2 Dangerous objects that may cause harm to the client should be removed from the immediate area. (4)

3.6.3 The client should not be restrained unless it is required to prevent injury. (4)

3.6.4 The mouth of the client should not be forced open. (4)

3.6.5 Objects including fingers should not be placed in the client's mouth. (4)

3.6.6 The victim should be placed in recovery position as soon as possible. (4)

3.6.7 If breathing has ceased and resuscitation is required, CPR must be commenced as per IHMS procedure 3.9.1 *Basic Life Support.* (4)

4 RESPONSIBILITY:

4.1 Medical Director

4.1.1 Ensure practice standards, procedures and clinical practice guidelines are current and up to date.

4.1.2 Ensure all practice standards, procedures and clinical practice guidelines are subject to internal governance process before implementation.

4.2 Regional Operations Manager

4.2.1 Ensure practice standards, procedures and clinical practice guidelines are distributed to all locations within their region.

4.3 Director of Nursing

4.3.1 Ensure associated clinical practice guidelines are read, understood and implemented in the clinical area.

4.3.2 Ensure ongoing compliance with these practice standards, procedures and any associated clinical practice guidelines.

4.4 Staff

4.4.1 All staff working in IHMS medical facilities must read and understand these practice standards and procedures, as well as any associated clinical practice guidelines.

4.4.2 All staff working in IHMS medical facilities must observe these practice standards and procedures, as well as any associated clinical practice guidelines.

5 DEFINITIONS/ABBREVIATIONS:

5.1 Anaphylaxis

5.1.1 Severe adverse event of rapid onset, characterised by sudden respiratory and/or cardiopulmonary collapse. (7)

5.1.2 The signs and symptoms of anaphylaxis are variable and may include difficult noisy breathing, wheeze or persistent cough, swelling of face or tongue, swelling or tightness in throat, difficulty talking and or hoarse voice, loss of consciousness, abdominal pain and vomiting, hives, welts and body redness. (7)

5.2 Asthma

5.2.1 is a disorder where the smaller airways of the lungs narrow when exposed to a given trigger. This results in difficulty in breathing. (5)

5.2.2 The signs and symptoms of an asthma attack can include a dry irritating persistent cough, chest tightness, shortness of breath, wheeze and in severe cases gasping for breath, severe chest tightness, inability to speak more than one or two words per breath, blue discoloration around lips, pale sweaty skin and 'sucking in' of the throat or rib muscles. (5)

5.3 Heart Attack

5.3.1 Occurs when there is a sudden blockage of one of the coronary arteries, which supply an area of the heart with blood that can result in arrhythmias and permanent heart muscle damage. (1)

5.3.2 The signs and symptoms of a heart attack can include severe, moderate or mild pain that has come on suddenly or slowly in the chest, jaw and/or arm region, shortness of breath, nausea or vomiting, sweating, feeling dizzy or light-headed. (7)

5.4 Normothermia

5.4.1 A condition of normal body temperature.

5.5 Stroke

5.5.1 Occurs when the blood supply to the brain is suddenly disrupted resulting in ischaemia and eventual tissue damage in the affected area. (2)

5.5.2 The signs and symptoms of stroke may include weakness in the face or arm, speech difficulties, difficulty swallowing, difficulty understanding, dizziness, loss of balance or an unexplained fall, loss of visions or sudden blurred or decreased vision in one or both eyes, sudden onset headache with severe pain, drowsiness. (2)

5.6 Shock

5.6.1 Is the loss of effective circulation resulting in impaired tissue oxygenation and nutrient delivery causing life-threatening organ failure. (3)

5.6.2 The signs and symptoms of shock may include dizziness, collapse, cool pale sweaty skin, nausea and vomiting, rapid respiratory rate, altered level of consciousness, rapid heart rate (which may become weak or slow). (3)

5.7 Tachycardia

5.7.1 Heart rate is higher than the expected heart rate based on age. For individuals fifteen (15) years and older this would be a heart rate greater than 100 bpm.

5.8 Transient Ischemic Attack (TIA)

5.8.1 A stroke-like attack with symptoms not lasting longer the sixty (60) seconds. A TIA may often precedes a stroke. (2)

6 ENFORCEMENT AND REPORTING BREACHES:

Breaches of these procedures will have serious legal and reputation repercussions and could cause material damage to International Health and Medical Services. Consequently, breaches will lead to disciplinary action that could include summary dismissal and to legal sanctions, including criminal penalties.

All employees are expected to promptly and fully report any breaches of the procedures. A report must be made to the Regional Health Service Manager. Reports made in good faith by someone who has not breached this policy will not reflect badly on that person or their career at IHMS. Reports may be made using the following email address: Compliance@IHMS.com.au

Procedures

Procedure Number

IHMS Procedure 3.9.5

First Aid Management of Environmental Exposures and Poisoning

Linked to

RACGP Standard 3.2.3

IHMS Policy 3.9, Medical Emergency Management

Version 1.01

Document Owner: Department of Immigration and Citizenship

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Effective: 24th September 2012

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	International Health and Medical Services	Procedure

LINK TO STANDARD:	RACGP Standard 3.2.3	**DOCUMENT OWNER:**	Department of Immigration and Citizenship
EFFECTIVE DATE:	24th September 2012	**DOCUMENT MANAGER:**	International Health and Medical Services

Revision History

Revision	Rev. Date	Description	Prepared by	Reviewed by	Date	Approved IHMS	Date	Approved DIAC	Date
		New Document	Natalie de Vos	IHMS Medical Team	11/8/11	IHMS Management Team	13/1/12		
1.01	10/3/12	Format changes. Addition of signs and symptoms of drowning.	Melinda Woolridge	MD Primary Healthcare, Quality Manager	10/3/12	MD Primary Healthcare	10/3/12	Approved by DIAC for limited release MIDC, NIDC, PIDC	15/05/12

Responsibilities

Medical Director
Regional Operations Manager
Director of Nursing
Staff Working in IHMS medical facilities

Abbreviations/Definitions

IHMS - International Health and Medical Services
DIAC - The Department of Immigration and Citizenship

References

(1) Australian Resuscitation Council (1998) *ARC Guidelines 9.3.1 Electric Shock* retrieved from http://www.resus.org.au/ July 2011
(2) Australian Resuscitation Council (2009) *ARC Guideline 9.3.3 Hypothermia: First Aid and Management* retrieved from http://www.resus.org.au/ July 2011
(3) Australian Resuscitation Council (2005) *ARC Guideline 9.3.4 Resuscitation of the Drowning Victim* retrieved from http://www.resus.org.au/ November 2011
(4) Australian Resuscitation Council (2010) *ARC Guideline 9.3.4 Heat Induced Illness (Hyperthermia): First Aid Management* retrieved from http://www.resus.org.au/ July 2011
(5) Australian Resuscitation Council (2011) *ARC Guideline 9.5.1 Emergency Management of a Victim who has been Poisoned* retrieved from http://www.resus.org.au/ July 2011

Table of contents

1 INTRODUCTION:

1.1 Purpose

1.1.1 The purpose of this document is to outline the basic principles for the delivery of first aid management for injuries resulting from exposure to environmental elements and poisoning. In addition the purpose of this document is to ensure these principles are known and adhered to by all IHMS related staff who work in IHMS medical facilities.

1.2 Objectives

1.2.1 To identify the IHMS practice standards in relation to first aid management in Immigration Detention Facilities.

1.2.2 To identify the roles and responsibilities of IHMS, DIAC and other associated parties contracted directly to IHMS in relation to the delivery of first aid to people in detention in Immigration Detention Facilities.

1.2.3 To describe the procedures associated with implementation of the IHMS practice standards in the context of IHMS medical facilities.

1.3 Scope

1.3.1 These practice standards and procedures are to be implemented in all Immigration Detention Facilities where IHMS provides health and medical services.

1.3.2 Clinical practice guidelines must be developed at each individual IHMS medical facility to define the process of implementation at that site.

1.3.3 All clinical practice guidelines must be approved and ratified by the Clinical Practice Review Group before they can be implemented.

1.4 Key Concept

1.4.1 First aid management associated with environmental exposure and poisoning, involves the delivery of care to clients who present with injuries resulting from electric shock, overexposure to heat, overexposure to the cold and exposure to substances which may cause poisoning.

1.4.2 IHMS related staff working in Immigration Detention Facilities should be familiar with the presenting signs and symptoms of a client who may have suffered from environmental exposure and or poisoning.

2 PRACTICE STANDARD:

3.9.5.1 All IHMS staff must be familiar with the process for first aid management of a client presenting with the signs and symptoms of drowning.

3.9.5.2 All IHMS staff must be familiar with the process for first aid management of a client presenting with the signs and symptoms of electric shock.

3.9.5.3 All IHMS staff must be familiar with the process for first aid management of a client presenting with the signs and symptoms of hypothermia.

3.9.5.4 All IHMS staff must be familiar with the process for first aid management of a client presenting with the signs and symptoms of hyperthermia.

3.9.5.4 All IHMS staff must be familiar with the process for first aid management of a client presenting with the signs and symptoms of poisoning.

3 PROCEDURE AND PROCESSES:

3.1 Management of the Drowning Victim

3.1.1 If a client presents with the signs and symptoms associated with having been immersed in liquid, the client should be rolled onto their side. (3)

3.1.2 Emergency services should be called as soon as possible. (3)

3.1.3 The airway should be assessed and cleared if it is obstructed, preferable by using suction. (3)

3.1.4 The client's breathing and circulation must be assessed. (3)

3.1.5 If respiratory or cardiac arrest occurs, basic life support must be commenced immediately, in accordance with IHMS procedure 3.9.1 *Basic Life Support.* (1)

3.2 Management of Electric Shock

3.2.1 If a client presents with an injury from an electrical shock, emergency services should be called immediately. (1)

3.2.2 The client's airway, breathing and circulation must be assessed. (1)

3.2.3 If respiratory or cardiac arrest occurs, basic life support must be commenced immediately, in accordance with IHMS procedure 3.9.1 *Basic Life Support.* (1)

3.2.4 Associated injuries such as burns should be treated in accordance with the relevant IHMS first aid procedure. (1)

3.3 Management of Hypothermia

3.3.1 If a client presents with hypothermia, emergency services should be called immediately. (2)

3.3.2 Any wet clothing should be removed as soon as possible. (2)

3.3.3 Dry covering, such as a blanket, must be provided if clothing is removed. (2)

3.3.4 If the client is conscious, warm oral fluids should be encouraged. (2)

3.3.5 In the absence of shivering, active warming must be commenced immediately. (2)

3.3.6 Heat sources must only be tepid, not hot. (2)

3.3.7 If the client loses consciousness, basic life support must be commenced immediately, as per IHMS procedure 3.9.1 *Basic Life Support.* (2)

3.4 Management of Hyperthermia (Heat Induced Illness)

3.4.1 Heat Exhaustion

3.4.1.1 If a client presents with signs and symptoms of heat exhaustion, they should be encouraged to lie down in a cool area. (4)

3.4.1.2 Excessive clothing must be removed or loosened. (4)

3.4.1.3 Moist cloths should be placed on the skin to cool the patient. (4)

3.4.1.4 A fan should be used to assist in cooling the client. (4)

3.4.1.5 The client should be given water to drink if they are conscious. (4)

3.4.1.6 The client should be placed under observation. (4)

3.4.1.7 If the client's condition deteriorates, emergency services must be called. (4)

3.4.2 Heat Stroke

3.4.2.1 If a client presents with the signs and symptoms of heat stroke, emergency services must be called immediately. (3)

3.4.2.2 The client must be placed in a cool environment. (3)

3.4.2.3 Ice packs should be applied to the neck and groin. (3)

3.4.2.4 Moist cloths should be applied to the skin. (3)

3.4.2.5 A fan should be used to assist in cooling the client. (3)

3.4.2.6 If the client loses consciousness, basic life support must be commenced immediately, as per IHMS procedure 3.9.1 *Basic Life Support.* (3)

3.5 Management of a Victim of Poisoning

3.5.1 If a client presents with signs and symptoms of poisoning, emergency services must be called immediately and the client should be referred to hospital. (5)

3.5.2 Attempts should be made to ascertain the substance that has caused the poisoning. (5)

3.5.3 The Australian Poisons Information Centre should be called for medical advice. (5)

3.5.4 The client must be monitored until emergency services arrive. (5)

3.5.5 If the client vomits, this should be collected and sent with the client to hospital. (5)

3.5.5.1 If respiratory or cardiac arrest occurs, basic life support must be commenced immediately, in accordance with IHMS procedure 3.9.1 *Basic Life Support.* (1)

4 RESPONSIBILITY:

4.1 Medical Director

4.1.1 Ensure practice standards, procedures and clinical practice guidelines are current and up to date.

4.1.2 Ensure all practice standards, procedures and clinical practice guidelines are subject to internal governance process before implementation.

4.2 Regional Operations Manager

4.2.1 Ensure practice standards, procedures and clinical practice guidelines are distributed to all locations within their region.

4.3 Director of Nursing

4.3.1 Ensure associated clinical practice guidelines are read, understood and implemented in the clinical area.

4.3.2 Ensure ongoing compliance with these practice standards, procedures and any associated clinical practice guidelines.

4.4 Staff

4.4.1 All staff working in IHMS medical facilities must read and understand these practice standards and procedures, as well as any associated clinical practice guidelines.

4.4.2 All IHMS related staff working in Immigration Detention Facilities must observe these practice standards and procedures, as well as any associated clinical practice guidelines.

5 DEFINITIONS/ABBREVIATIONS:

5.1 Drowning

5.1.1 Drowning is the process of experiencing respiratory impairment from immersion in liquid.

5.1.2 The signs and symptoms of drowning may include blue skin colour, shortness of breath, confusion, decreased level of consciousness, loss of breathing, cyanosis or absent pulse.

5.2 Hypothermia

5.2.1 Hypothermia is the situation when a patient's body temperature drops below thirty five degrees (35 °C) leading to organ failure and cardiac arrest. (2)

5.2.2 The signs and symptoms of mild hypothermia include shivering, pale cool skin, impaired coordination, slurred speech, responsive but with apathy or confusion. (2)

5.2.3 The signs and symptoms of moderate to severe hypothermia include absence of shivering, increased muscle stiffness, decrease in conscious level, bradycardia, cardiac arrhythmia and hypotension. (2)

5.3 Heat Exhaustion

5.3.1 Heat exhaustion is the situation where a patient's body temperature is elevated, but is below forty degrees Celsius (40 °C).

5.3.2 The signs and symptoms of heat exhaustion are fatigue, headache, nausea, vomiting, malaise and dizziness. The patient may also collapse. (4)

5.4 Heat Stroke

5.4.1 Heat stroke is a serious heat-related illness which can result in death. The patient's body temperature will be above forty degrees Celsius (40 °C).

5.4.2 The signs and symptoms of heat stroke are hot dry skin, lack of sweating and collapse. (4)

5.5 Poisoning

5.5.1 Poisoning can be a result of ingestion, inhalation, injection or absorption through the skin. (5)

5.5.2 Signs and symptoms of poisoning include unconsciousness, nausea, vomiting, burning pain in the mouth or throat, headache, blurred vision, seizures, respiratory arrest or cardiac arrest. (5)

6 ENFORCEMENT AND REPORTING BREACHES:

Breaches of these procedures will have serious legal and reputation repercussions and could cause material damage to International Health and Medical Services. Consequently, breaches will lead to disciplinary action that could include summary dismissal and to legal sanctions, including criminal penalties.

All employees are expected to promptly and fully report any breaches of the procedures. A report must be made to the Regional Health Service Manager. Reports made in good faith by someone who has not breached this policy will not reflect badly on that person or their career at IHMS. Reports may be made using the following email address: Compliance@IHMS.com.au

International Health and Medical Services

Medical Emergency Management

Policy Number

IHMS Policy 3.9

Version 1.01

DOCUMENT OWNER:	Department of Immigration and Citizenship		
EFFECTIVE DATE:	24th September 2012	**DOCUMENT MANAGER:**	International Health and Medical Services

Revision History

Revision	Rev. Date	Description	Prepared by	Reviewed by	Date	Approved by	Date	DIAC Approval	Date
1		Original Document	[redacted]	IHMS Clinical Team	11/8/11	IHMS Management Team	14/1/12	Approved by DIAC for limited release MIDC, NIDC, PIDC	15/05/12
1.01	25/09/12	Formatting changes	Quality and Audit Administrator						

Version 1.01

Medical Emergency Management

International Health and Medical Services (IHMS) is committed to the provision of medical care for clients who present with urgent medical conditions. The medical care provided, in response to any urgent medical condition shall be in conjunction with and the support of the IHMS emergency response process.

The medical emergency management strategy implemented in IHMS medical facilities relevant to IHMS Immigration Detention Facilities, involves notification of emergency services and initiation of first line care that encompasses the following key concepts:

Basic Life Support shall be implemented as the first line approach to maintain and sustain life in the event of respiratory and/or cardiac arrest.

First Aid Management shall be implemented as the first line approach in the management of clients who present with traumatic injuries, medical emergencies, envenomation, poisoning or exposure to environmental conditions.

In the event that tertiary care is required the client must be referred to an appropriate tertiary care facility.

International Health and Medical Services accept the broad guidelines described in the following documents:

1. Australian Resuscitation Council Series of Guidelines, retrieved from http://www.resus.org.au/